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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46979 (3)

1. Corporation Name

INSTITUTE FOR RESEARCH ON BOARDS OF DIRECTORS, I
NC.



Principal Place of Business

Mailing Address

2557 RINGLING BLVD
SARASOTA FL 34231

2557 RINGLING BLVD
SARASOTA FL 34237-6212

3. Date Incorporated or Qualified
01/22/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0311016

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INGRID C. NUTTER
240 N. WASHINGTON BLVD
SUITE 430
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MICHAEL, PERLIS I	
STREET ADDRESS	2029 CENTURY PARK EAST	
CITY - ST - ZIP	LOS ANGELES CA 90067	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROY, PUTTEN V	
STREET ADDRESS	8200 HOPMEADOW ST	
CITY - ST - ZIP	SIMSBURY CT 06070	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	RONALD FOUNTAIN	
STREET ADDRESS	2908 PAXTON RD	
CITY - ST - ZIP	SHAKER HEIGHTS OH 44120	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LESLIE LEVY	
STREET ADDRESS	2557 RINGLING BLVD	
CITY - ST - ZIP	SARASOTA FL 34237	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DONALD SMUCKER	
STREET ADDRESS	1776 RINGLING BLVD	
CITY - ST - ZIP	SARASOTA FL 34236	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GERALD A. SIMON	
STREET ADDRESS	311 HIGH STREET	
CITY - ST - ZIP	CALISTOGA, CA 94515	

1.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GERALD A. SIMON	
1.3 STREET ADDRESS	311 HIGH STREET	
1.4 CITY - ST - ZIP	CALISTOGA, CA. 94515	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JACK LOHNGS	
2.3 STREET ADDRESS	SPENCERSTUART (retired), 39 Henry St.	
2.4 CITY - ST - ZIP	TORONTO M5T 2W9, CANADA	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HON. FRED KAUFMAN	
3.3 STREET ADDRESS	70 ROSCHILL AVE (APT 70)	
3.4 CITY - ST - ZIP	TORONTO, ONTARIO M4T 8W7, CANADA	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leslie Levy* SIGNATURE REQUIRED

2/20/97

941-362-3446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0063418

CR2E037 (9/96)